# United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 ww.uspto.gov

## NOTICE OF ALLOWANCE AND FEE(S) DUE

21171

7590

06/14/2006

STAAS & HALSEY LLP SUITE 700 1201 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005

**EXAMINER** JONES, MELVIN ART UNIT PAPER NUMBER

3744

DATE MAILED: 06/14/2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/813,614      | 03/31/2004  | Kyung Ho Yoon        | 1594.1372           | 3820             |

TITLE OF INVENTION: AIR CONDITIONER

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 09/14/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  10/813,614 03/31/2004 Kyung Ho Yoon 1594.1372 3820  TITLE OF INVENTION: AIR CONDITIONER  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(8) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/14/2006  EXAMINER ART UNIT CLASS-SUBCLASS JONES, MELVIN 3744 062-262000  [Change of correspondence address or indication of "Fee Address" and indication of "Fee Address" indication of "Fee Address" indication of "Fee Address" indication form PTO/SB/122) attached.  [Tee Address indication (or "Fee Address" indication form PTO/SB/122) attached. Use of a Customer Number is required.  [ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  [B) RESIDENCE: (CITY and STATE OR COUNTRY)  Assignee fee  [C] Issue Fee  [D] Date DUE  DATE DATE  DATE DUE  DATE DUE  DATE DUE  DATE DUE  DATE DUE  DATE DUE   | maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of addre |  |   |                        | Ŋ                  | ote: A certificate o                    | f mailing can only be used   | for domestic mailings of the                           |  |
|---|---|--|---|------------------------|--------------------|---|--|--|--|
| 2171 7500 66/14/2006 STAAS & HALSEY LLP SUITE 700 1201 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005  APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/813,614 03/31/2004 Kyung Ho Yoon 1594.1372 3820  APPLICATION ARE CONDITIONER  APPLICATION ARE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/14/2006  EXAMINER ART UNIT CLASS-SUBCLASS JONES, MELVIN 3744 062-26/2000  I. Change of correspondence address or indication form PTO/SB/1/2) and backed.  TOTAL FEE PUBLICATION page, ist (1) the patient from page, ist (1) the answer of a single firm (having as a member a registered automey or agent) and the names of up to 2 registered automey or agent) and the names of up to 2 registered automey or agent) and the names of up to 2 registered automey or agent) and the names of up to 2 registered automey or agent) and the names of up to 2 registered automey or agent) and the names of up to 2 registered patient automeys a self-orth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE    State Fee   Publication for Fee (No small entity discount permitted)   4b. Payment of Fee(s) is enclosed.   Payment by authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number to required.   A check in the amount of the fee(s) is enclosed.   Payment by errord and form provided and the names of pop of its information of the fee(s) is enclosed.   Payment by errord card. Form PTO-2038 is attached.   Payment by errord and form provided and extent copy of this form).   Change in Entity Status (from status indicated above)   Deposit Account Number to required.   A payment of Fee(s):   Payment by authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number to Payment of Fee(s):   Payment by authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number to Payment by authorized by charge the required fee(s),  |   |  |   |                        | D                  | apers. Each addition                    | ial paper, such as an assignm                                      | ient or formal drawing, mus                            |  |
| STAS & HALSEY LLP SUITE 700 1201 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005  APPLICATION NO. FILING DATE  FIRST NAMED INVENTOR  APPLICATION NO. FILING DATE  APPLICATION AIR CONDITIONER  APPLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/14/2006  EXAMINER ART UNIT CLASS-SUBCLASS  JONES, MELVIN 3744  OSC-262000  I. Change of correspondence address or indication of "Fee Address" (37 CFR L27)  AIR CHANGES from PTO/SB/122) attached.  AIR CHANGES from PTO/SB/121. Completion of this form is NOT a substitute for filing an assignment is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed recordation as as a from in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent.): Individual   Corporation or other private group entity   Government by Country and Country of this form).  Schange in Entity Status (from status indicated above)  Depoted Keckent Number is recipital fact(s), or credit any overpayment, to Conclose an extra copy of this form).  Schange in Entity Status (from status indicated above)  Depoted Keckent Number is recipital SMALL ENTITY status. See 37 CFR 1.27 (p)(2).   | 21171 759   | 90 06/14/2006  |   |                        | ••                 |   | _  |  |  |
| WASHINGTON, DC 20005    Copposition's in Copposition in Copposition's in Copposition in Copposition's in Copposition in Copposition's in Coppo    |   | EY LLP   |   |                        | I                  | hereby certify that t                   | his Fee(s) Transmittal is being with sufficient postage for fi     | ng deposited with the United                           |  |
| WASHINGTON, DC 20005    Copposition's in Copposition in Copposition's in Copposition in Copposition's in Copposition in Copposition's in Coppo    |   | ATTENDED NAME  |   |                        | a                  | dressed to the Ma                       | il Stop ISSUE FEE addres   | s above, or being facsimile                            |  |
| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  10/813,614 03/31/2004 Kyung Ho Yoon 1594.1372 3820  TITLE OF INVENTION: AIR CONDITIONER  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/14/2006  EXAMINER ART UNIT CLASS-SUBCLASS  JONES, MELVIN 3744 062-262000  1. Change of correspondence address or indication of "Fee Address" (37 [FR I.363).  Change of correspondence address (or Change of Correspondence Address for Indication for "Fee Address" indication for "Fee Address for Indication for "Fee Address" indication for "Fee Address indication for "Fee A |   |  |   |                        | tr                 | ansmitted to the US                     | PTO (571) 273-2885, on the   | date indicated below.                                  |  |
| APPLICATION NO. FILING DATE FRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  10/813,614 03/31/2004 Kyung Ho Yoon 1594,1372 3820  TITLE OF INVENTION: AIR CONDITIONER  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/14/2006  EXAMINER ART UNIT CLASS-SUBCLASS  JONES, MELVIN 3744 062-262000  1. Change of correspondence address or indication of "Fee Address" (3) [1] the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single lim (having as a member a registered attorneys or agents. If no name is 13 and 14 the names of up to 2 registered patent attorneys or agents. If no name is 13 and 14 the names of up to 2 registered patent attorneys or agents. If no name is 13 and 14 the names of up to 2 registered patent attorneys or agents. If no name is 13 and 14 the names of up to 2 registered patent attorneys or agents. If no name is 13 and 14 the names of up to 2 registered patent attorneys or agents. If no name is 14 the name of up to 3 registered patent attorneys or agents. If no name is 15 and 15 the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 15 and 15 the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 15 and 15 the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 15 and 15 the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 15 and 15 the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 15 and 15 the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 15 and 15 the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 15 and 15 the name of a patent attorneys or agents. If no name is 15 and 15 the name of a patent attorneys or agents. If no name is 15 and 15 the name of a pa |   | 20003  |   |                        | -                  |   |  | (Depositor's name)                                     |  |
| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  10/813,614 03/31/2004 Kyung Ho Yoon 1594.1372 3820  TITLE OF INVENTION: AIR CONDITIONER  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$330 \$1700 09/14/2006  EXAMINER ART UNIT CLASS-SUBCLASS  JONES, MELVIN 3744 062-262000  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.563).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/47; Rev 03-02; or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)  Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the fee(s) is enclosed.    Payment of Fee(s):  |   |  |   |                        | -                  |   |  | (Signature) (Date)                                     |  |
| 10/813,614   03/31/2004   Kyung Ho Yoon   1594,1372   3820  |   |  |   |                        | L                  |   | <del></del>  | 1  |  |
| APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO \$1400 \$300 \$1700 09/14/2006  EXAMINER ART UNIT CLASS-SUBCLASS  JONES, MELVIN 3744 062-262000  1. Change of correspondence address or indication of "Fee Address" (a) Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/22) attached.    "Fee Address" indication (or "Fee Address" Indication form PTO/SB/1/22) attached. Use of a Customer Number is required.    "See Address" indication (or "Fee Address" Indication form PTO/SB/1/22) attached. Use of a Customer Number is required.    "See Address in Date of Correspondence address (or Change of Correspondence Address from PTO/SB/1/22) attached. Use of a Customer Number is required.    "See Address indication (or "Fee Address" Indication form PTO/SB/1/28 to 3 single firm (having as a member a registered attorney or agents of the names of up to 2 registered patent attorneys or agents. If no name is 3.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for fling an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government of Fee(s):   A check in the amount of the fee(s) is enclosed.   Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number   Deposit Account N |   | FILING DATE  | 1   | FIRST NAMED INVENTOR   |                    | ATTORNEY DOCKET NO.                     | CONFIRMATION NO.   |  |  |
| APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO \$1400 \$300 \$1700 09/14/2006  EXAMINER ART UNIT CLASS-SUBCLASS  JONES, MELVIN 3744 062-262000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address (or Change of Correspondence Address (19 the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 registered patent attorneys or agents. If no name is 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government and the fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Payment by readit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number  5. Change in Entity Status (from status indicated above)  | ,   |  |   | Kyung Ho               | o Yoon             |   | 1594.1372  | 3820   |  |
| Dividication Fee (No small entity discount permitted)   Divided   Sano   Sano   Sano   Sano   Sano   Og/14/2006   | TITLE OF INVENTION: AI  | IR CONDITIONER   |   |                        |                    |   |  |  |  |
| nonprovisional NO \$1400 \$300 \$1700 09/14/2006  EXAMINER ART UNIT CLASS-SUBCLASS  JONES, MELVIN 3744 062-262000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).    Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.   "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE    Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Governm  4a. The following fee(s) are enclosed:   A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number   Cenclose an extra copy of this form).   |   |  |   |                        |                    |   |  |  |  |
| nonprovisional NO \$1400 \$300 \$1700 09/14/2006  EXAMINER ART UNIT CLASS-SUBCLASS  JONES, MELVIN 3744 062-262000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).    Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.   "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE    Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Governm  4a. The following fee(s) are enclosed:   A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number   Cenclose an extra copy of this form).   | A DDI NI TVDE   | CNAALL ENTERTY   | togue er  | nn I                   | DUD                | I I G A THOM FEE                        | TOTAL ENERGY BUILD   | D. mr. D. 15   |  |
| EXAMINER   ART UNIT   CLASS-SUBCLASS     JONES, MELVIN   3744   062-262000     1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   Change of correspondence address for PTO/SB/122) attached.   Change of correspondence address or indication for "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   Change of Correspondence Address indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   Change in Entity Status (from status indicated above)   Change in Entity Status (from status indicated above)   Payment to lambur of the patent of the patent of the patent of the payment of the patent of the payment of the payment of the payment to lambur of the free(s) is enclosed.   Payment to free(s):   Change in Entity Status (from status indicated above)   Payment to lambur of the patent of the payment of the paym      |   |  | <del></del>   | <u>-</u>               | РОВ                |   |  | <u> </u>   |  |
| JONES, MELVIN  3744  062-262000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/122) attached.  The Change of correspondence address (or Change of Correspondence Address of PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address of PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address of PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address of PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address of PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address of Pto 13 or agents of Pto 2 registered attorney or agents and the names of up to 3 registered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered attorney or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents. If no name is 12 cregistered patent attorneys or agents    | nonprovisional  | nonprovisional NO  |   | )<br>                  |                    | \$300<br>                               | \$1700<br>¬  | 09/14/2006   |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).    Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.   "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE    Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Governm  4a. The following fee(s) are enclosed:   A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number   Centrol of Corporation or Other private group of this form).   | EXAMINER  |  | ART UN  | IT                     | CLA                | SS-SUBCLASS                             | J  |  |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   The Address form PTO/SB/122) attached.   (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.   (2) the name of a single firm (having as a member a registered attorneys or agent). If no name is listed, no name will be printed.   (3) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignce category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Governmental or patent attorneys or agents. If no name is 2 registered patent attorneys or agents. If no name is 3   3   3   3   3   3   3   3   3   3   | JONES, MELVIN 37  |  |   |                        | C                  |   |  |  |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government.  4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  | <ol> <li>Change of correspondence<br/>CFR 1.363).</li> </ol>  | address or indication of "Fo   | e Address" (37  | -                      | _                  |   |  |  |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governm  4a. The following fee(s) are enclosed:    Publication Fee (No small entity discount permitted)   | Change of correspond  | ence address (or Change of   | Correspondence  | or agents O            | R, alterna         | tively,                                 | •  |  |  |
| PIOSB/4/; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government.  4a. The following fee(s) are enclosed:    Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)    a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.   b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  |   |  |   | (2) the nam            | e of a sir         | gle firm (having as                     | a member a 2   |  |  |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governm  4a. The following fee(s) are enclosed:    Second State Stat    | PTO/SB/47; Rev 03-02 o  | r more recent) attached. Use   | of a Customer   | 2 registered           | i patent a         | torneys or agents. It                   |  |  |  |
| recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governm  4a. The following fee(s) are enclosed:    Issue Fee   |   |  |   |                        | <b>V</b>           | . ,                                     |  |  |  |
| (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governm  4a. The following fee(s) are enclosed:    Issue Fee   | PLEASE NOTE: Unless recordation as set forth in   | an assignee is identified be 37 CFR 3.11. Completion of  | low, no assignce of this form is NOT                          | data will appea        | ar on the          | patent. If an assign assignment.        | nee is identified below, the                                       | document has been filed for                            |  |
| 4a. The following fee(s) are enclosed:    Sauc Fee  |   |  |   |                        | _                  | -                                       | COUNTRY)   |  |  |
| 4a. The following fee(s) are enclosed:    Susce Fee   |   |  |   |                        |                    |   |  |  |  |
| 4a. The following fee(s) are enclosed:    Susce Fee   |   |  | e.  |                        |                    |   |  |  |  |
| □ Issue Fee □ Publication Fee (No small entity discount permitted) □ Advance Order - # of Copies □ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number □ (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above) □ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   | Please check the appropriate  | assignee category or categor   | ries (will not be pri   | inted on the pat       | tent) :            | Individual UC                           | Corporation or other private gi                                    | roup entity Government                                 |  |
| Publication Fee (No small entity discount permitted)  Advance Order - # of Copies   |   | enclosed:  |   | -                      | ` ,                |   |  |  |  |
| Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  |   |  |   |                        |                    |   |  |  |  |
| Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |   |  |   |                        |                    |   |  |  |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  | Advance Order - # or  | Copies   |   | Deposit Ac             | or is nere         | mber                                    | arge the required fee(s), or cre-                                  | edit any overpayment, to tra copy of this form).       |  |
|   |   |  |   |                        |                    |   | ·  |  |  |
| The Director of the USPIO is requested to apply the Issue Fee and Publication Fee (II any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (If required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other particles as shown by the records of the United States Patent and Trademark Office.  |   |  |   | b. Applicat            | nt is no le        | onger claiming SMA                      | LL ENTITY status. See 37 C   | CFR 1.27(g)(2).  |  |
|   | NOTE: The Issue Fee and Puinterest as shown by the reco   | s requested to apply the Issu<br>iblication Fee (if required) w<br>rds of the United States Pate | e Fee and Publicat<br>ill not be accepted<br>nt and Trademark | from anyone of Office. | or to reother than | apply any previous the applicant; a reg | ly paid issue fee to the applic<br>istered attorney or agent; or t | ation identified above. the assignee or other party in |  |
| Authorized Signature Date   | Authorized Signature  |  |   |                        |                    | Date                                    |  | · · · · · · · · · · · · · · · · · · ·                  |  |
| Typed or printed name Registration No   | Typed or printed name   |  |   | Registration No.       |                    |   |  |  |  |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



### UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                                    | FILING DATE     | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.             | CONFIRMATION NO. |
|--|-----------------|----------------------|---------------------------------|------------------|
| 10/813,614   | 03/31/2004      | Kyung Ho Yoon        | 1594.1372                       | 3820             |
| 21171  | 7590 06/14/2006 |                      | EXAM                            | INER             |
| STAAS & HAL  | SEY LLP         |                      | JONES, N                        | MELVIN           |
| SUITE 700  |                 |                      | ART UNIT                        | PAPER NUMBER     |
| 1201 NEW YORK AVENUE, N.W.<br>WASHINGTON, DC 20005 |                 |                      | 3744<br>DATE MAILED: 06/14/2000 | 5                |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 213 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 213 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.